



Norfolk Change Grow Live The Ketamine Pathway



**Change
Grow
Live**

Introduction



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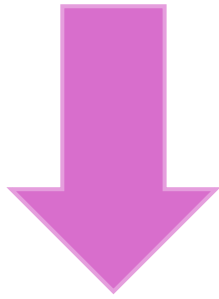
- We recognised our traditional pathways were not effective for people using Ketamine
- We started our development of the Ketamine pathway in 2022 when we started seeing an increase in people accessing treatment for their Ketamine use.
- We have continued to develop this resulting in partnership working with UROKET and bespoke psychosocial interventions

Agenda

1. Why is Ketamine so prevalent in Norfolk
2. Understanding the harms of ongoing Ketamine use and misinformation
3. Ketamine Screening Tool
4. Psychosocial Interventions
5. Barriers we have found and what we are doing to overcome them

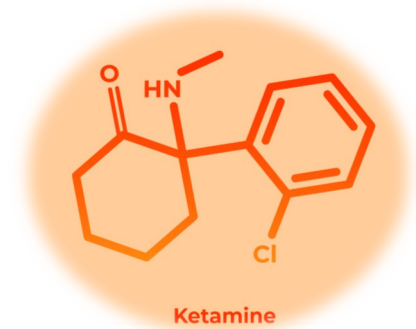
Why is Ketamine so prevalent in Norfolk?

In 2022 we had a few service users accessing treatment for Ketamine use.



Today Ketamine service users make up 30% of our non-dependent caseload.

- Cost
- Availability
- Low quantity = large effects
- Misinformation
- Multi-faceted effects
- “Ketamine communities”
- Limited hangover symptoms
- Poor mental health
- Neurodiversity
- Spiritual connection
- Lower legal risk



Understanding the harms of ongoing Ketamine use and misinformation



True or **False**



“Injecting ketamine is safer as it is the shards that damage the bladder”

***“It is a safe drug as it is
used in clinical settings”***

***“Avoiding certain E numbers
will reduce the harm that
Ketamine does to the
bladder”***

***“A gram of Ketamine is
cheaper than a meal
deal”***

***“There is no one over the
age of 30 in treatment for
Ketamine use”***

Ketamine Screening Tool

We recognised that there was a physical health need we had to consider due to the physical impact of Ketamine.

With the guidance from the staff at NNUH we created a screening tool to identify if somebody may need intervention from UROKET.

Once this is complete, we send this to the GP to request that they make the referral if appropriate.

This also acts as a consent form for us to share information with UROKET in our monthly MDT meetings.

Ketamine Screening and consent Questions

Do you have pain, pressure, or discomfort in your lower abdomen/ bladder? **(Y/N)**

Do you feel like you need to pee right away (urgency), often (frequency), or both? **(Y/N)**

Do you ever leak urine? **(Y/N)**

Are you experiencing incontinence? **(Y/N)**

Are you experiencing blood or a jelly-like substance in your urine or ejaculate? **(Y/N)**

Are you working with the ketamine clinic at the hospital/can we have consent to discuss your case with them if required? **(Y/N)**

I _____ give my consent for
CGL to liaise with the Norfolk and Norwich University Hospital Urology-Ketamine
Clinic regarding my recovery.

Signed: _____

Psychosocial Interventions

Urology clinic

- Offering psychosocial interventions to our own clients alongside the clinic
- Offering easy access to our service for those not known to us



Psychosocial Interventions

Ketamine Group

Weekly group

Location: REST Hub

Norwich

**What are the
benefits?**

Topics we cover:

- Practicing mindfulness
- Auricular Acupuncture
- Identifying triggers
- Managing cravings
- Working on building life foundations
- Stress management
- Connecting with values
- Peer support



Psychosocial Interventions

Detox & Rehab

- Increased clinical need
- Tried all community interventions
- Showed motivation and preparation for change

Success rate and reflecting on why this is not an instant intervention...

Our barriers and what we are doing to overcome them:

- **NDTMS** – no ketamine = no data
- **Funding & resources**
- **Lack of research** - awareness & knowledge
- **No national pathway** - limited national guidance
- **Stigma**
- **Safeguarding** – driving, children, LADO

Advice For Other Professionals

Red flags for potential Ketamine use:

- ▶ Repeated prescriptions of antibiotics
- ▶ Benzodiazepine and strong analgesic prescriptions
- ▶ Reports of repeated UTI's
- ▶ Reports of stomach cramping
- ▶ Reported dissociation & increased mental health problems
- ▶ Reports of frequent urination and/or reports of blood in urine
- ▶ Reports of use of frequent use of over-the-counter medication such Buscopan or pain killers
- ▶ Repeated A&E presentations
- ▶ Reported memory loss
- ▶ Frequent referrals to iCASH due to reported symptoms with negative STI screenings

“The symptoms you have described are like what someone using ketamine would experience, do you mind me asking if you are currently using Ketamine?”



What our service users want you to know...

“It is as addictive as heroin”

“My symptoms are individual”

“Taking Ketamine becomes a ritualistic process very quickly”

“There is no quick fix – it can take us years”

“Relapses are catastrophic, I may as well seek oblivion”

“My physical health issues hold back my recovery”



Make a difference